

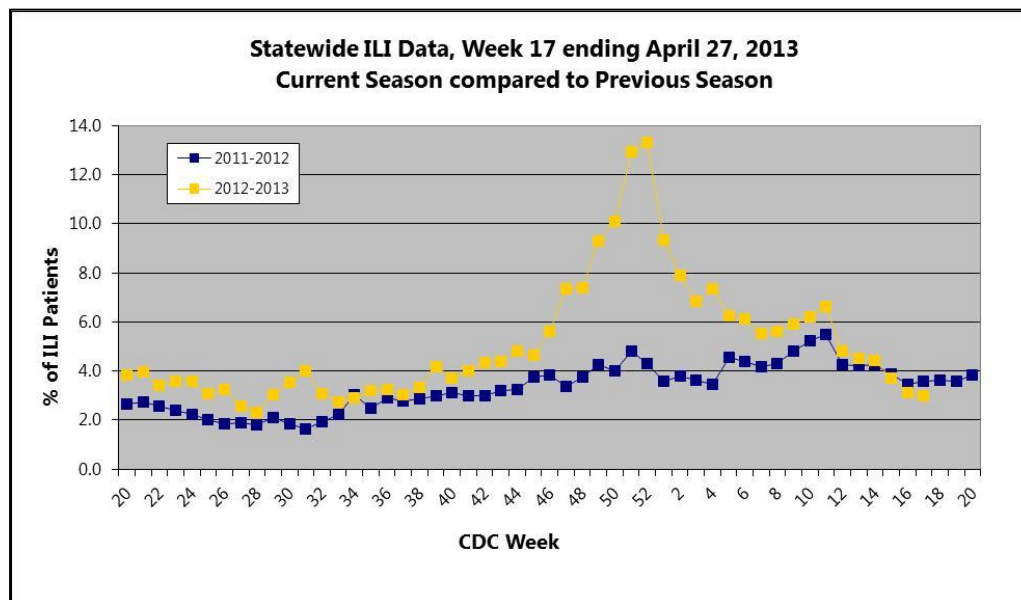


2012-2013 Influenza Report Week 17 April 21 – April 27, 2013

About our flu activity reporting

MSDH relies upon selected sentinel health practitioners across the state to report the percentage of non-trauma visits consistent with an influenza-like illness (ILI: fever of 100°F or higher AND cough and/or sore throat). Also, providers are supplied with specimen collection kits. Samples are submitted to the Mississippi Public Health Laboratory for influenza PCR testing. Reports are used to estimate the state's ILI rate and the magnitude of the state's influenza activity. Reports represent only the distribution of flu in the state, not an actual count of all flu cases statewide. **Information is provisional only and may change depending on additional reporting from sentinel providers.**

State ILI Surveillance



For week **17** (04/21/2013-04/27/2013), the overall state ILI rate (**3.0%**) remained **about the same** from last week (**3.1%**), but was **lower** when compared to this time last year (**3.6%**).

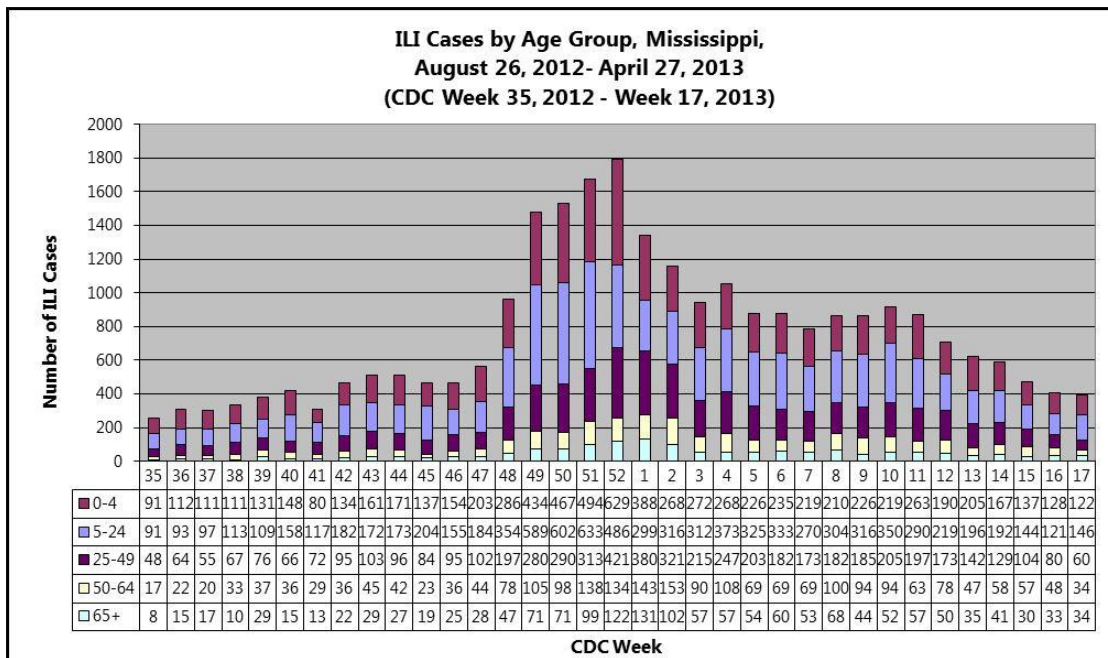
| [Figure 1](#)

Total number of non-trauma patients treated by sentinel providers in the last three weeks. | **Table 1**

2012-2013 Influenza Season				
CDC Week	Week Ending	Non-trauma patients	ILI symptoms	ILI Rate (%)
17	Apr. 27	13229	396	3.0%
16	Apr. 20	14260	443	3.1%
15	Apr. 13	14827	553	3.7%

During week **17**, **three** districts (1, 2, and 3) had an increase in ILI activity, while **four** districts (4, 5, 6, and 8) had a decrease. **Two** districts (7 and 9) remained about the same. *Information is provisional only and may change depending on additional reporting from sentinel providers.* | **Table 2**

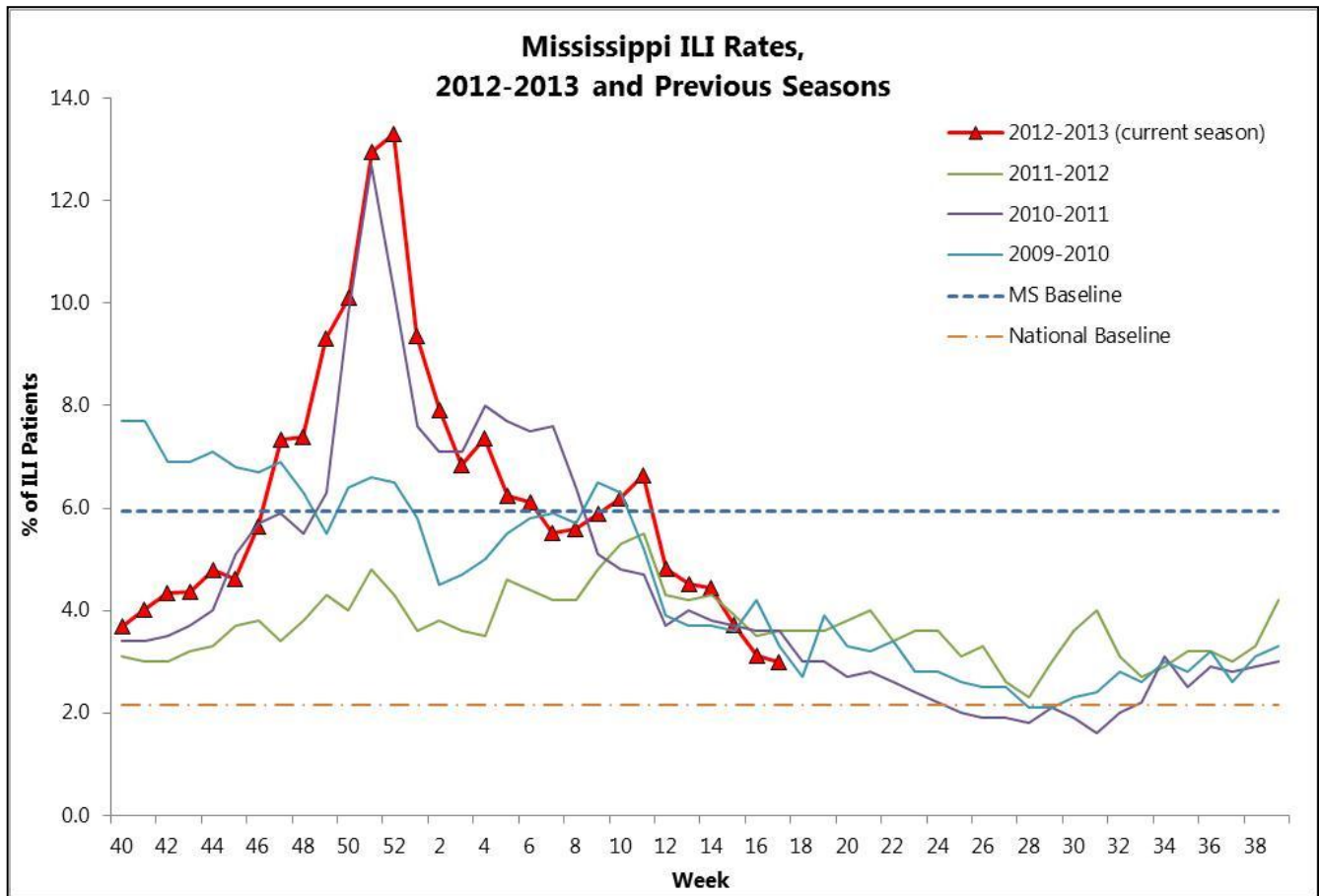
MSDH District ILI Rates (%) 2012-2013		
District	Week 16	Week 17
State	3.1	3.0
1	0.9	2.1
2	3.2	4.4
3	5.6	8.4
4	4.5	3.4
5	2.0	1.2
6	7.9	7.1
7	2.5	2.6
8	1.8	1.3
9	3.1	3.2



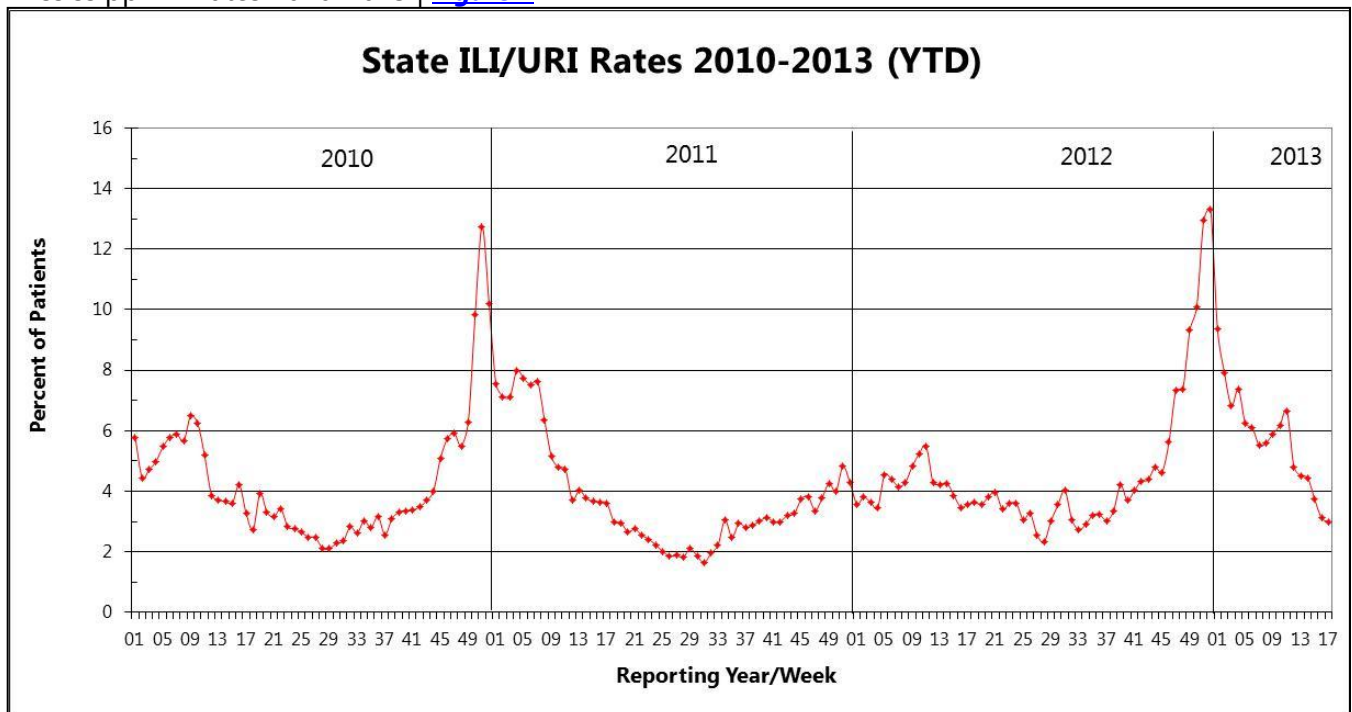
Since week 35, the number of reported ILI cases has been highest among people in the **5 to 24 years** of age group, followed by those in the 0

to 4 years of age group. During Week **17**, the number of reported ILI cases was highest among individuals in the **5 to 24 years** of age group. | [Figure 2](#)

The 2012-13 state ILI rate was **above** the national baseline, but was **below** the state baseline for week 17. | [Figure 3](#)



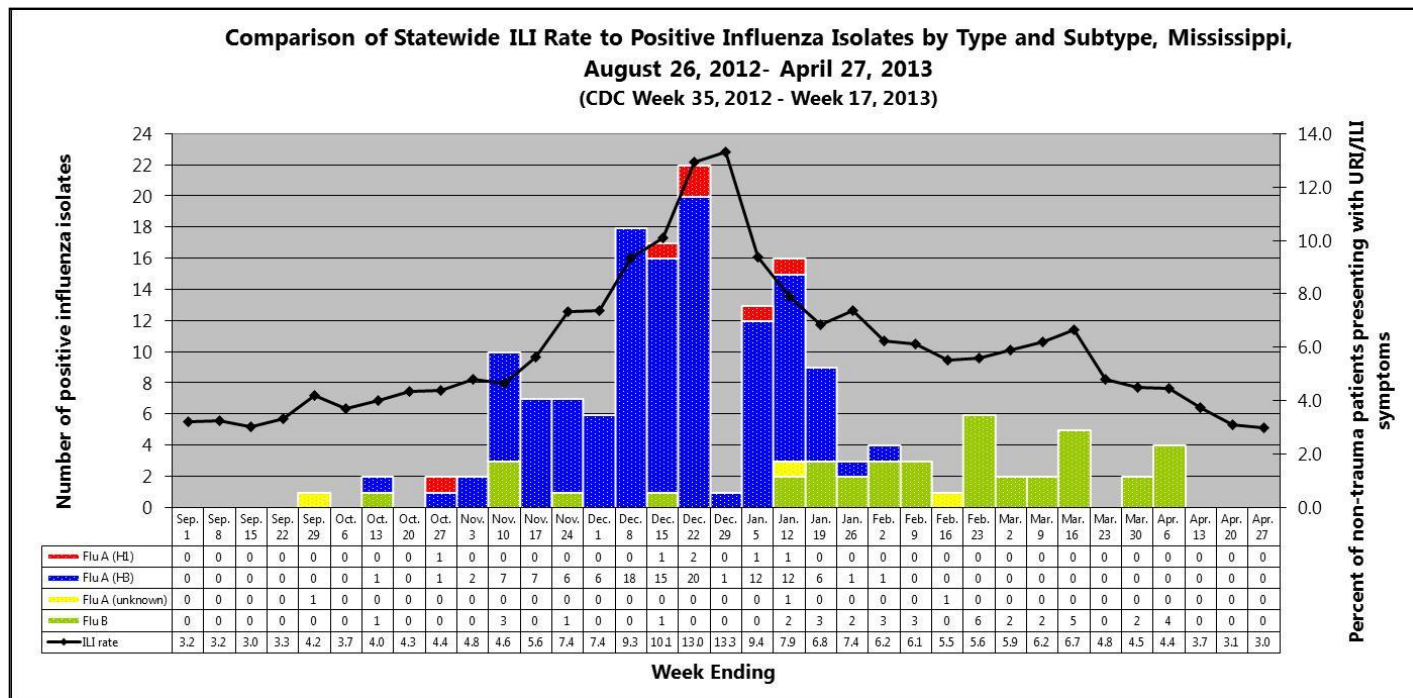
Mississippi ILI Rates 2010-2013 | [Figure 4](#)



Flu Testing Reports

From week **35** (week ending September 1st) through week **17** (week ending April 27th), **165** positive influenza samples were identified by MSDH. 125 were influenza A and 40 were influenza B. 116 were subtyped as influenza A (H3) and six were subtyped as influenza A (H1). Three samples did not have subtyping performed. The last positive influenza sample identified by MSDH occurred in week 14 (week ending April 6th). | [Figure 5](#)

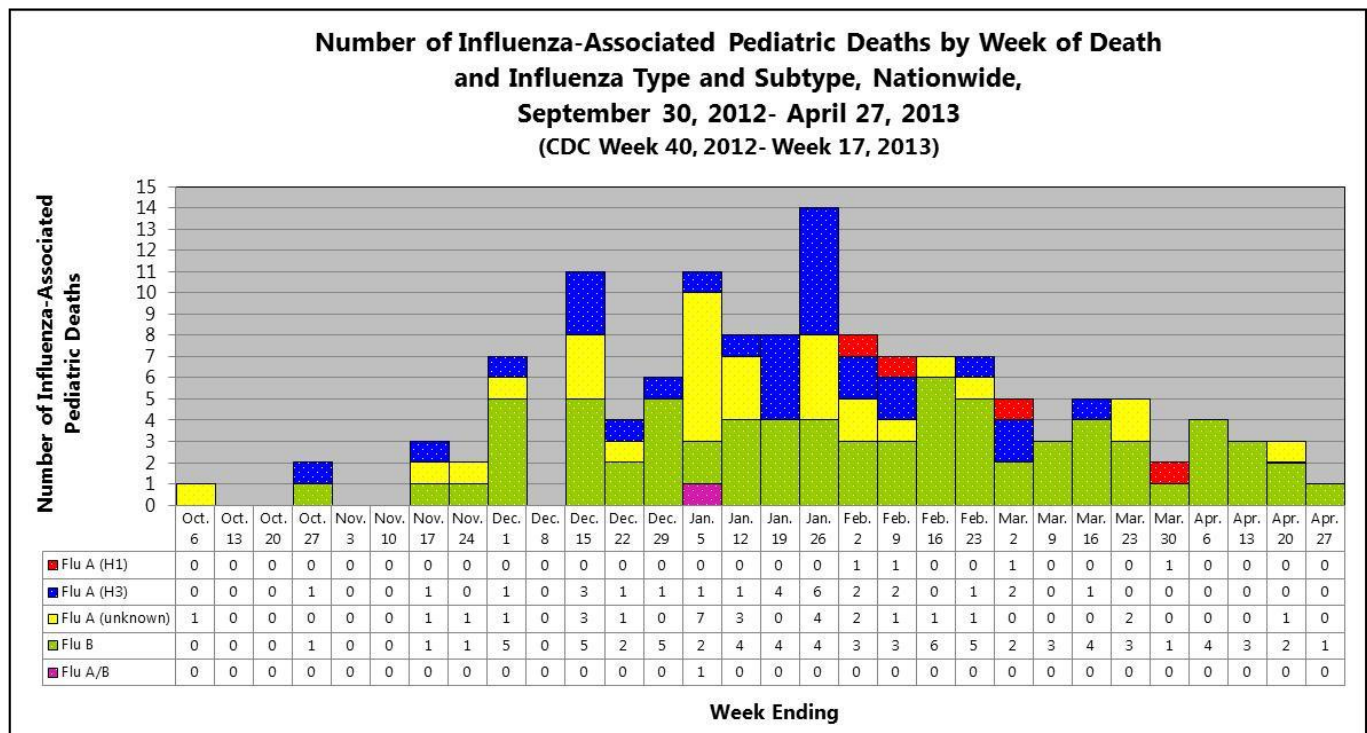
The influenza cases were identified from the following counties: Amite (2), Attala (3), Benton, Calhoun, Carroll, Chickasaw (4), Clarke (2), Clay, Copiah (2), Covington (4), DeSoto (4), Grenada, Harrison (12), Hinds (12), Itawamba (2), Jefferson Davis (5), Kemper (2), Lamar (5), Lauderdale, Lawrence, Lee (6), Leflore (3), Madison (2), Marion (4), Marshall (28), Monroe (6), Neshoba (2), Oktibbeha (7), Pearl River, Pontotoc (3), Rankin (5), Sharkey, Tate (7), Tippah (3), Tishomingo (5), Union (3), Walthall (2), Warren, Washington (7), and Yazoo (3).



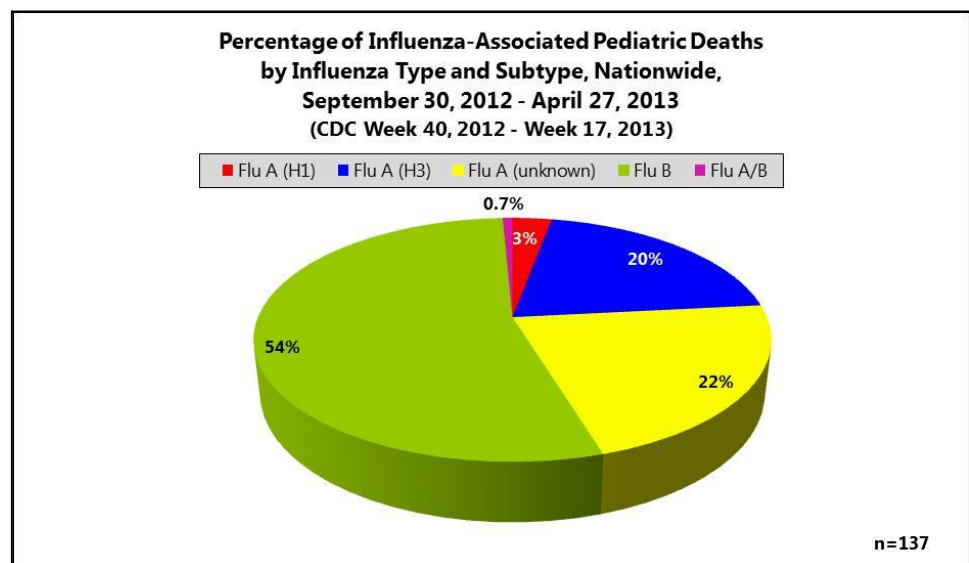
National Pediatric Mortality Surveillance

Nationally, there were **seven** influenza-associated pediatric deaths reported to CDC during week **17**. One death was associated with an influenza A (H3) virus and occurred during week 09 (week ending March 2nd). **Five** deaths were associated with influenza B viruses and occurred during weeks 07 (week ending February 16th), 15 (week ending April 13th), 16 (week ending April 20th), and week 17 (week ending April 27th). | [Figure 6](#)

One of the seven influenza-associated pediatric deaths reported during week 17 was associated with an influenza A virus for which the subtype was not determined. This death occurred during week 17 of the 2010-11 season (week ending April 30, 2011) and brings the total number of reported pediatric deaths occurring during that season to 123.



The total number of influenza-associated pediatric deaths reported during the 2012-2013 season is **137**. Of the 137 deaths, 74 (54%) have been attributed influenza B viruses, 30 (22%) to influenza A viruses for which the subtype was not determined, 28 (20%) to influenza A (H3) viruses, 4 (3%) to

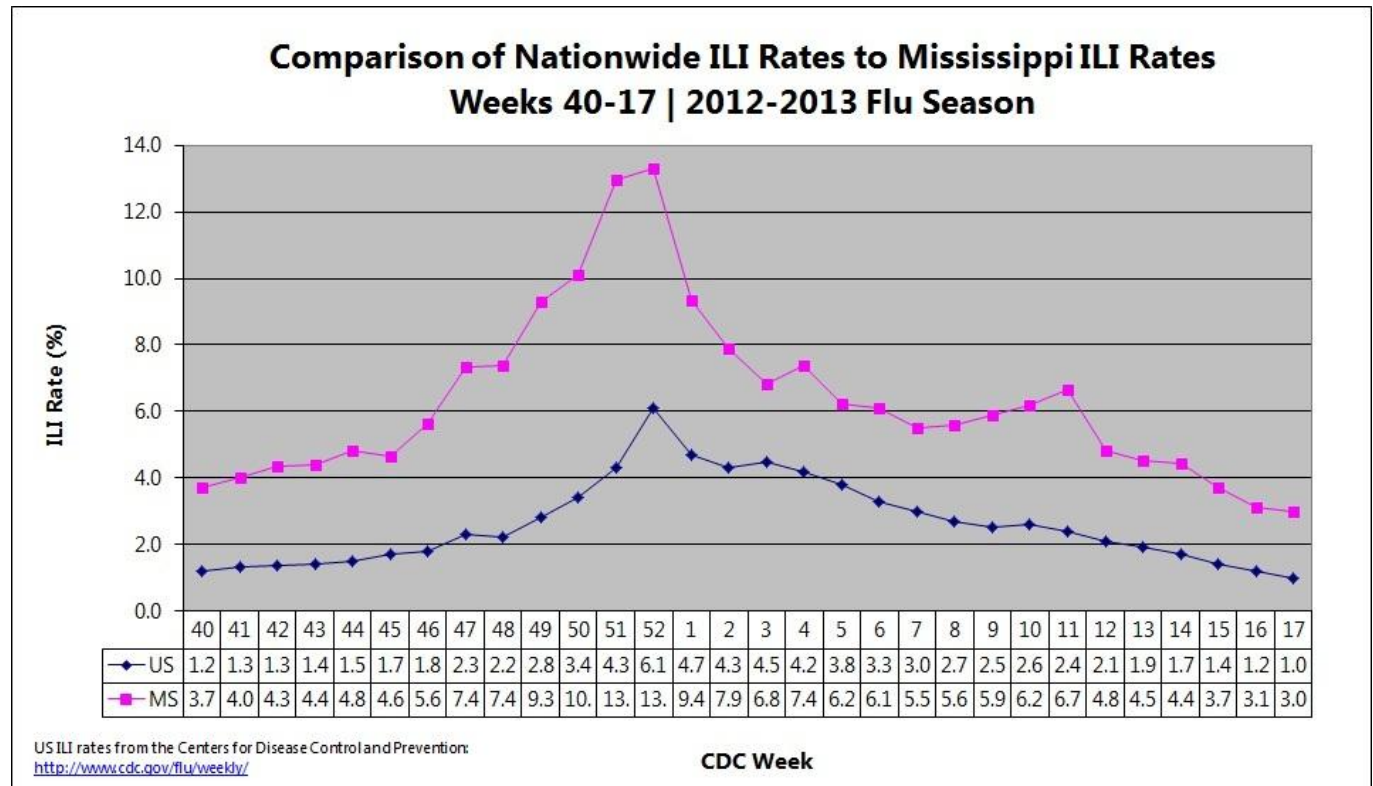


2012- 2013 Influenza Season | Week 17 Influenza Report| April 21 - April 27, 2013
influenza A (H1) viruses, and 1 (0.7%) to an influenza A and B virus. | [Figure 7](#)

Mississippi has had **one** influenza-associated pediatric death reported during this influenza season.
Additional data can be found at: <http://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html>.

National ILI Surveillance

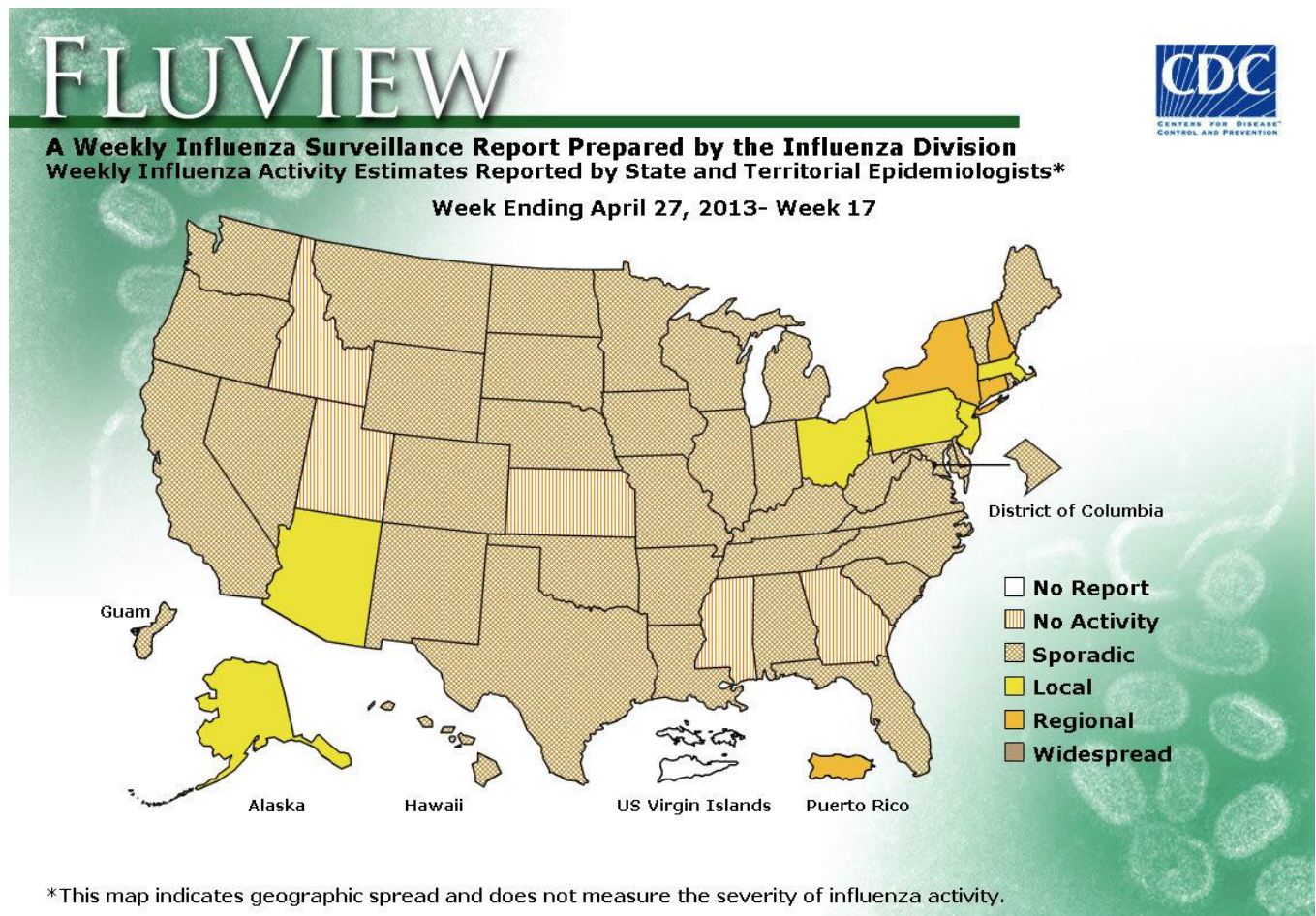
For week **17**, the MS ILI rate continued to remain **above** the national rate. | [Figure 8](#)



Mississippi reported **"No Activity"** flu activity for week **17**. | [Table 4](#)

Level of Flu Activity	Definition
No Activity	Overall clinical activity remains low and there are no lab confirmed cases.
Sporadic	Isolated cases of lab confirmed influenza in the state; ILI activity is not increased <u>OR</u> A lab-confirmed outbreak in a single institution in the state; ILI activity is not increased.
Local	Increased ILI within a single region AND recent (within the past 3 weeks) laboratory evidence of influenza in that region. ILI activity in other regions is not increased <u>OR</u> two of more institutional outbreaks (ILI or lab confirmed) within a single region AND recent (within the past 3 weeks) lab confirmed influenza in that region. Other regions do not have increased ILI and virus activity is no greater than sporadic in those regions
Regional	Increased ILI in at least 2 regions but fewer than half of the regions AND recent (within the past 3 weeks) lab confirmed influenza in the affected regions <u>OR</u> Institutional outbreaks (ILI or lab confirmed) in at least 2 regions but fewer than half of the regions AND recent lab confirmed influenza in the affected regions.
Widespread	Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least half of the regions AND recent (within the past 3 weeks) lab confirmed influenza in the state.

During week **17**, influenza activity **decreased** in the United States.¹ [Figure 9](#)



¹For up-to-date information on flu activity nationwide, please refer to the CDC's website: <http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>.

Additional information:

Centers for Disease Control and Prevention	<u>http://cdc.gov/flu/</u>
Flu.gov	<u>http://www.flu.gov/</u>
MSDH Flu and Pneumonia	<u>http://msdh.ms.gov/msdhsite/_static/14,0,199.html</u>
Google Flu Trends	<u>http://www.google.org/flutrends/</u>
World Health Organization FluNet	<u>http://www.who.int/influenza/gisrs_laboratory/flunet/en/</u>

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Appendix

Figure 1

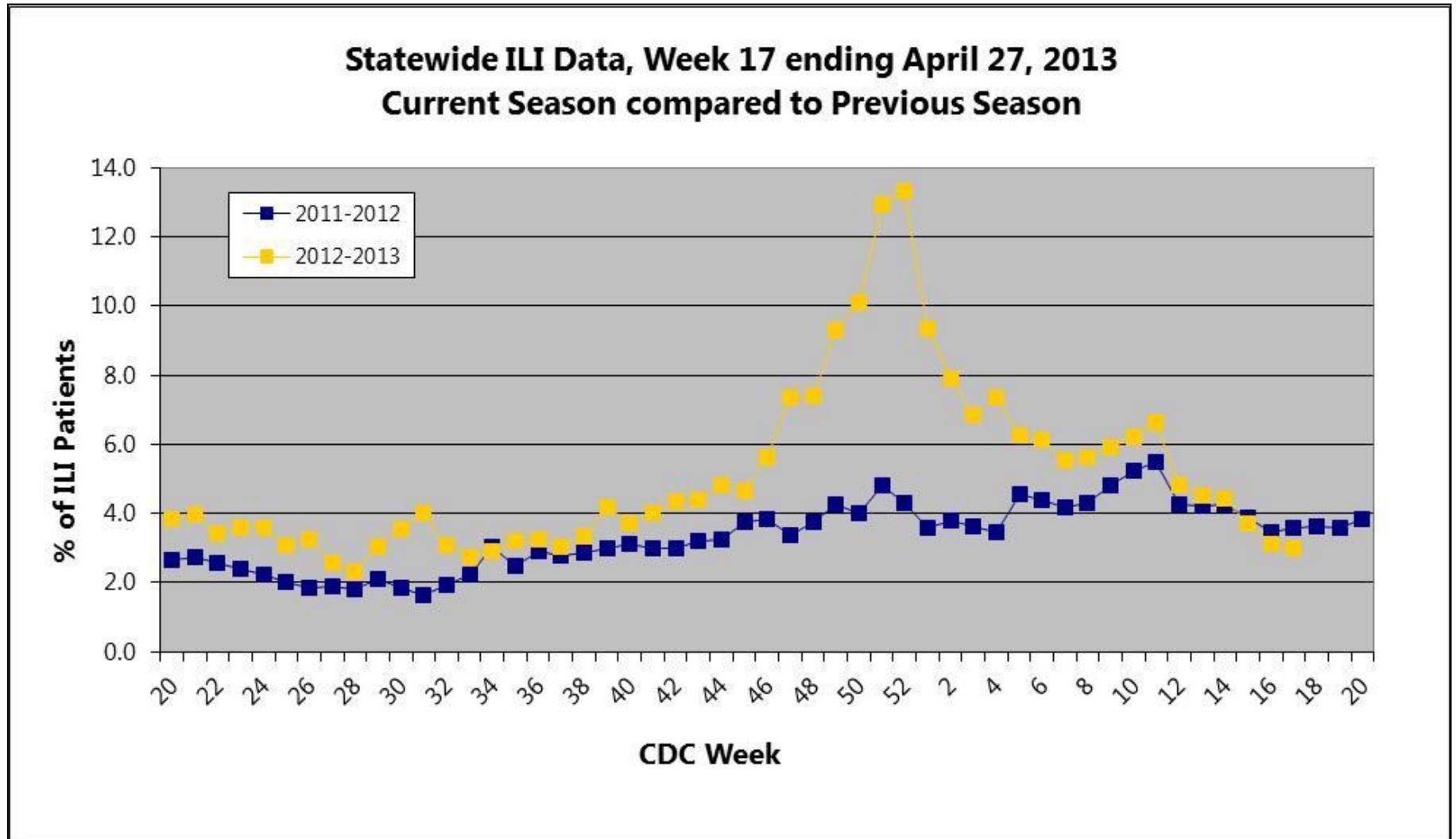


Figure 2

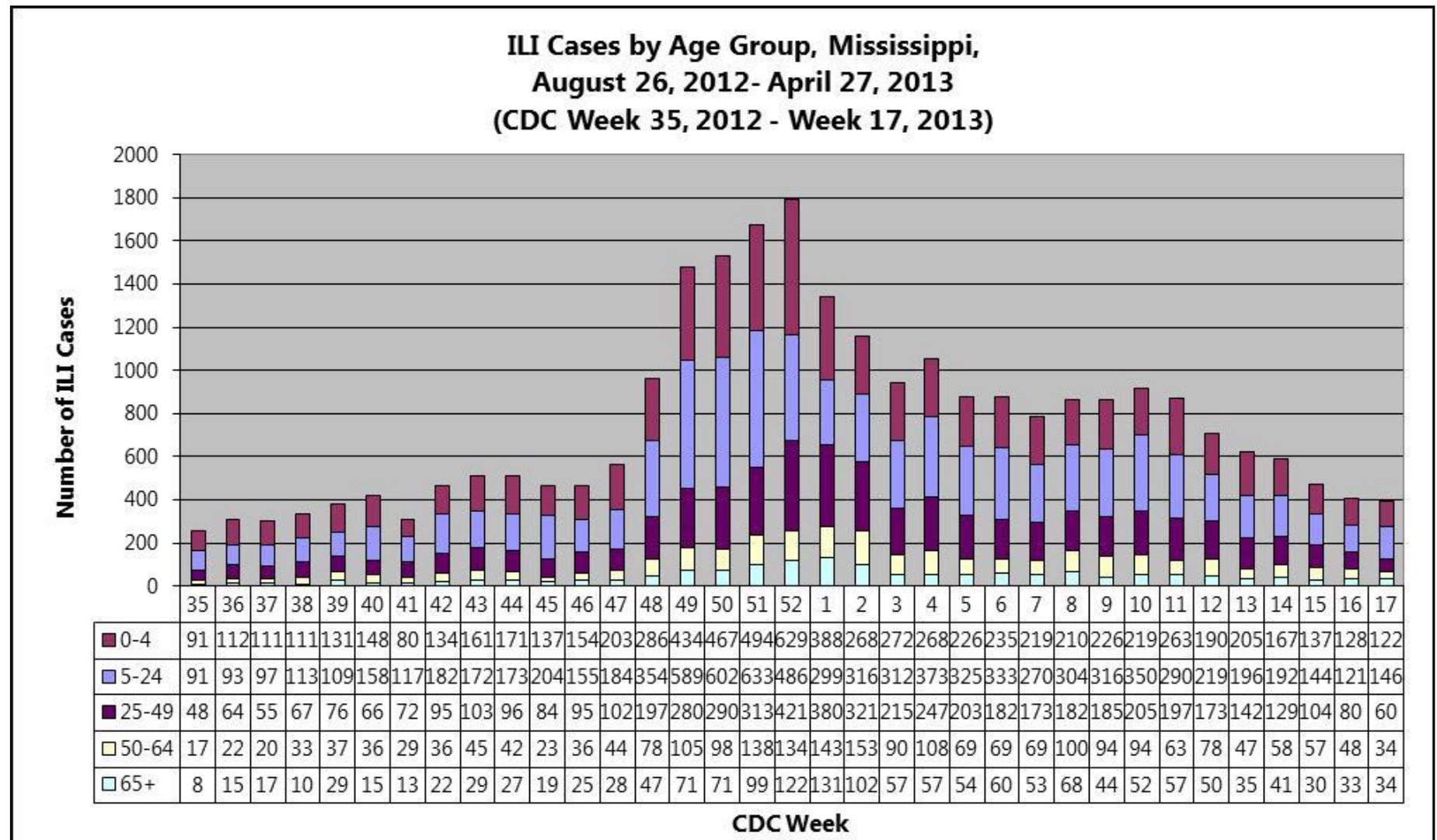


Figure 3

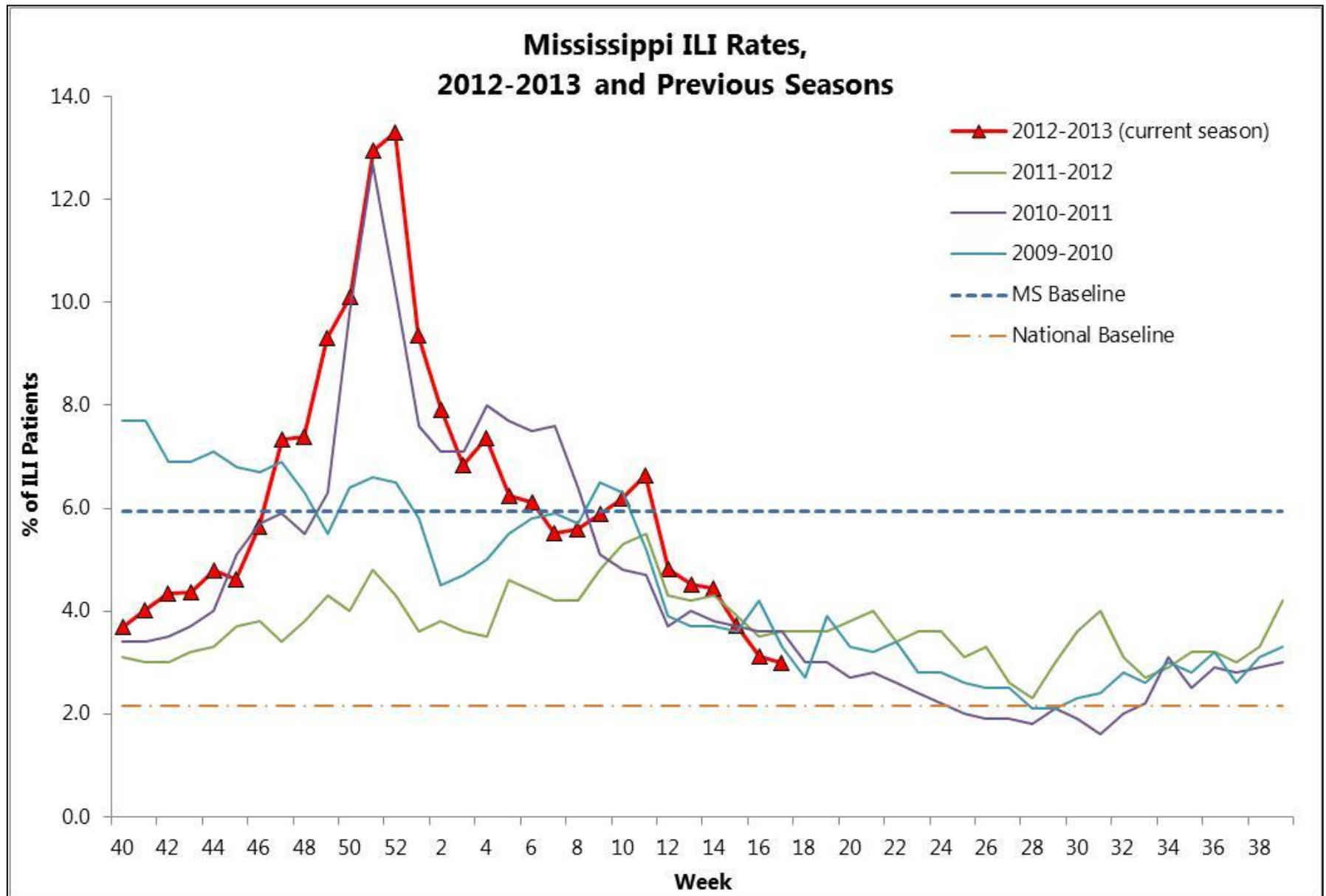


Figure 4

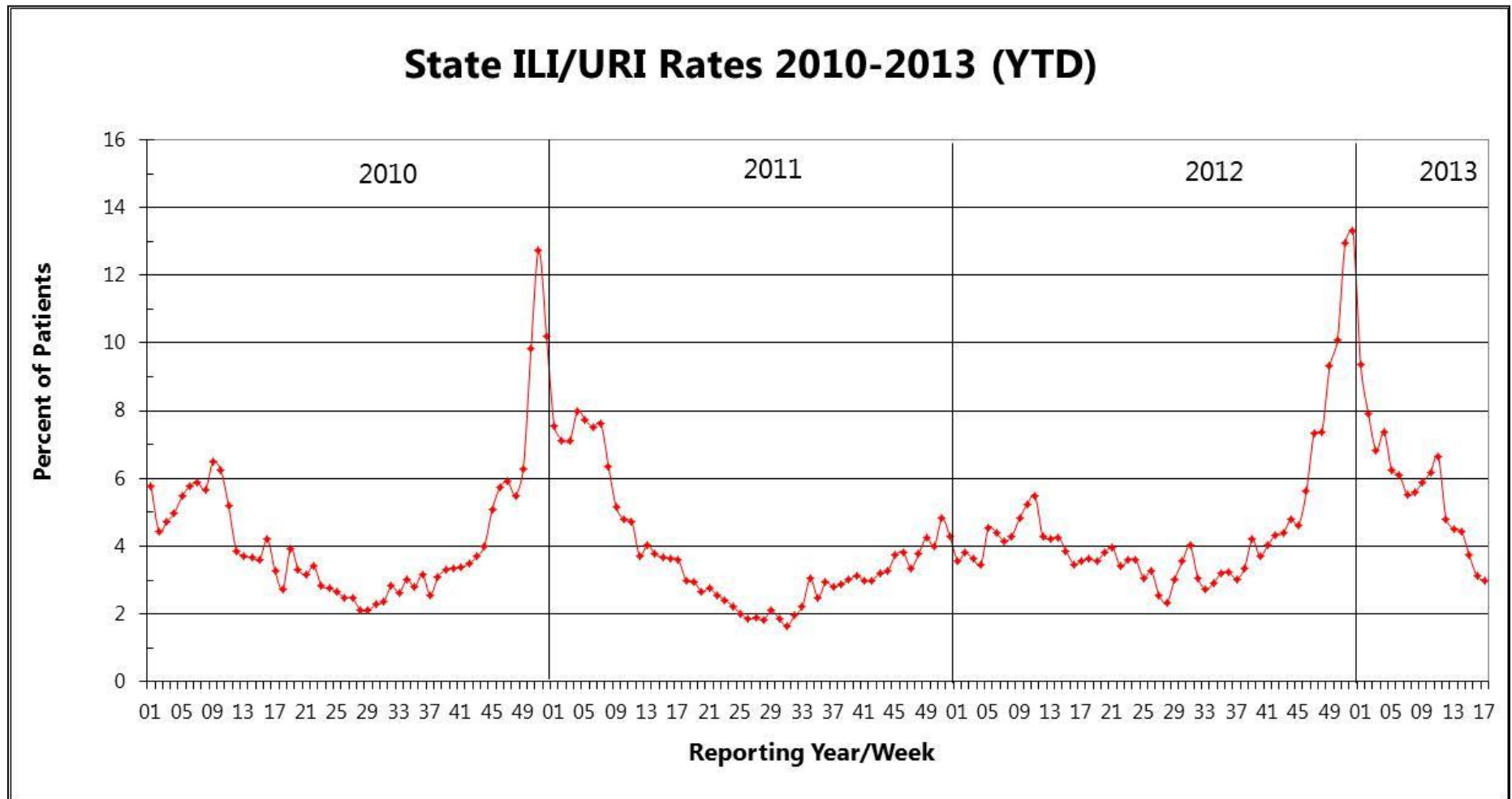


Figure 5

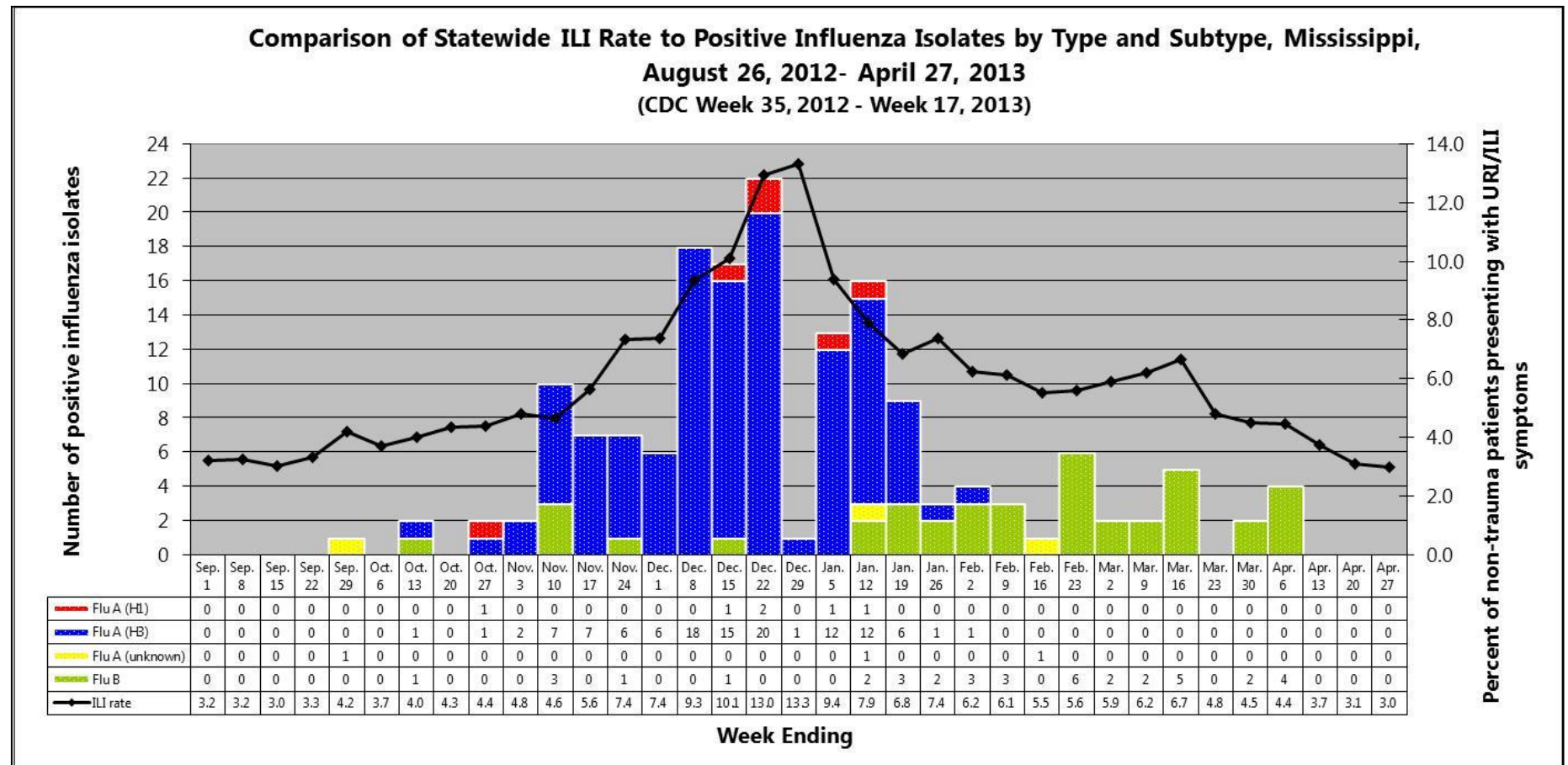


Figure 6

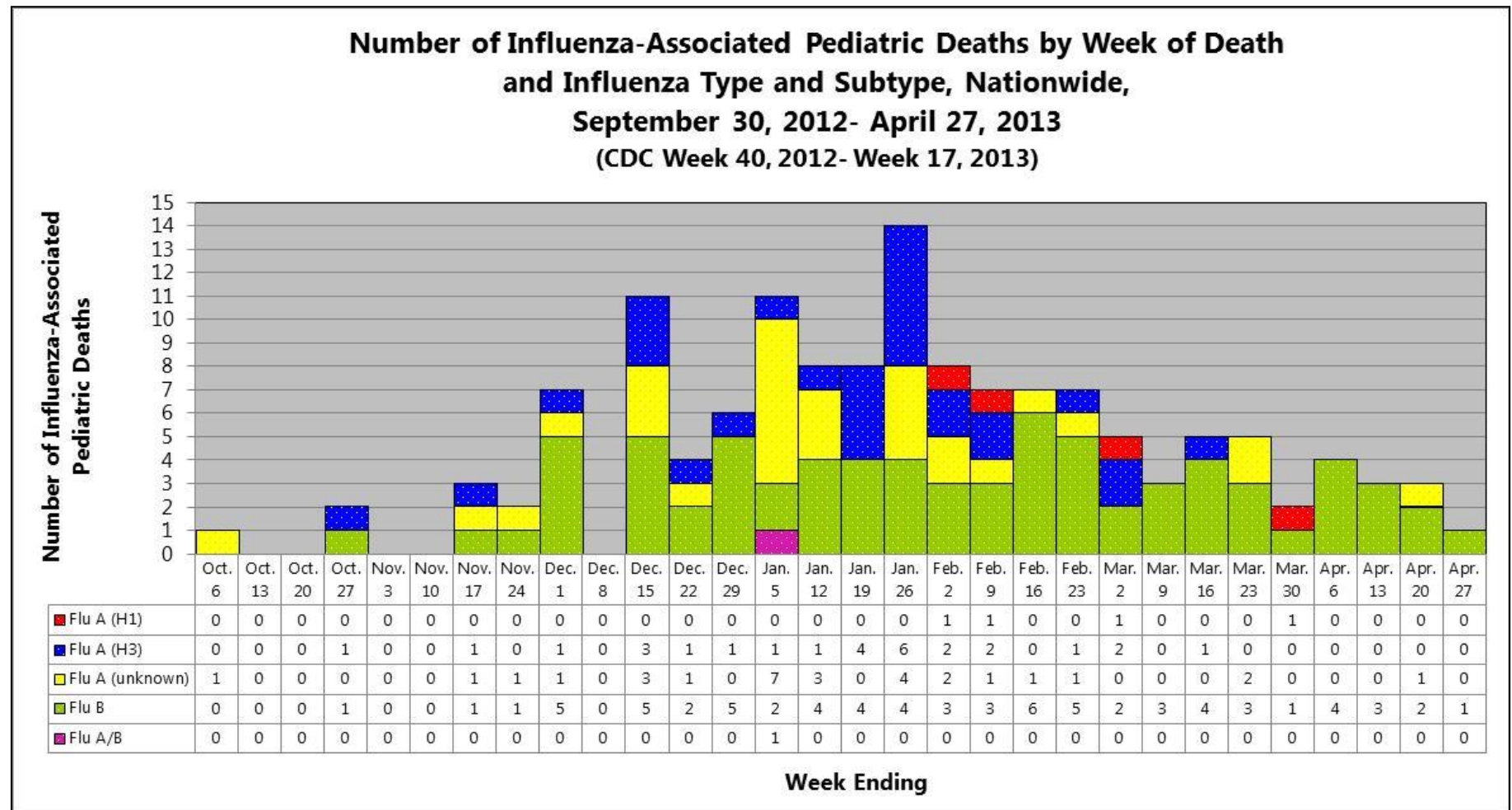
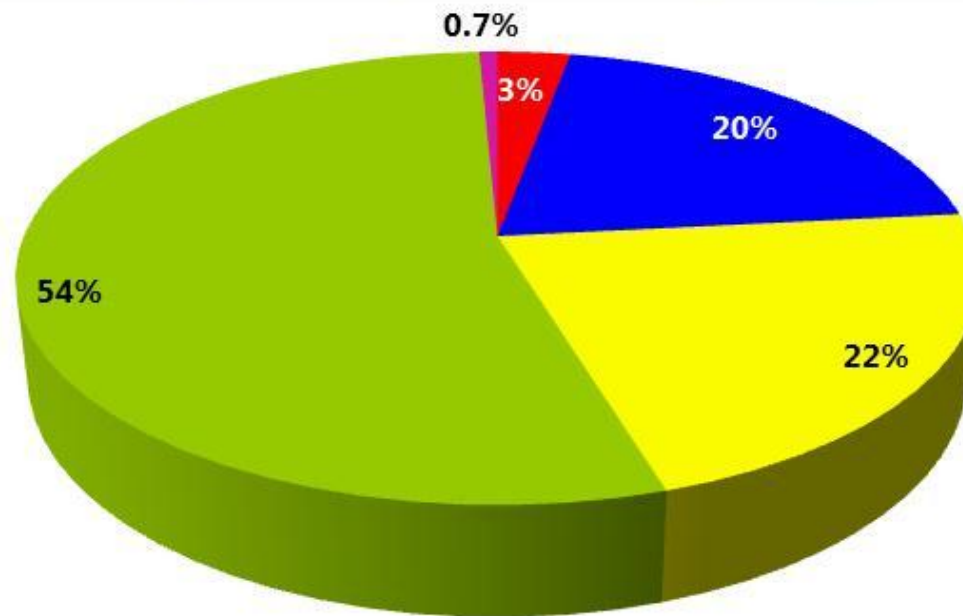


Figure 7

**Percentage of Influenza-Associated Pediatric Deaths
by Influenza Type and Subtype, Nationwide,
September 30, 2012 - April 27, 2013
(CDC Week 40, 2012 - Week 17, 2013)**

■ Flu A (H1) ■ Flu A (H3) ■ Flu A (unknown) ■ Flu B ■ Flu A/B



n=137

Figure 8

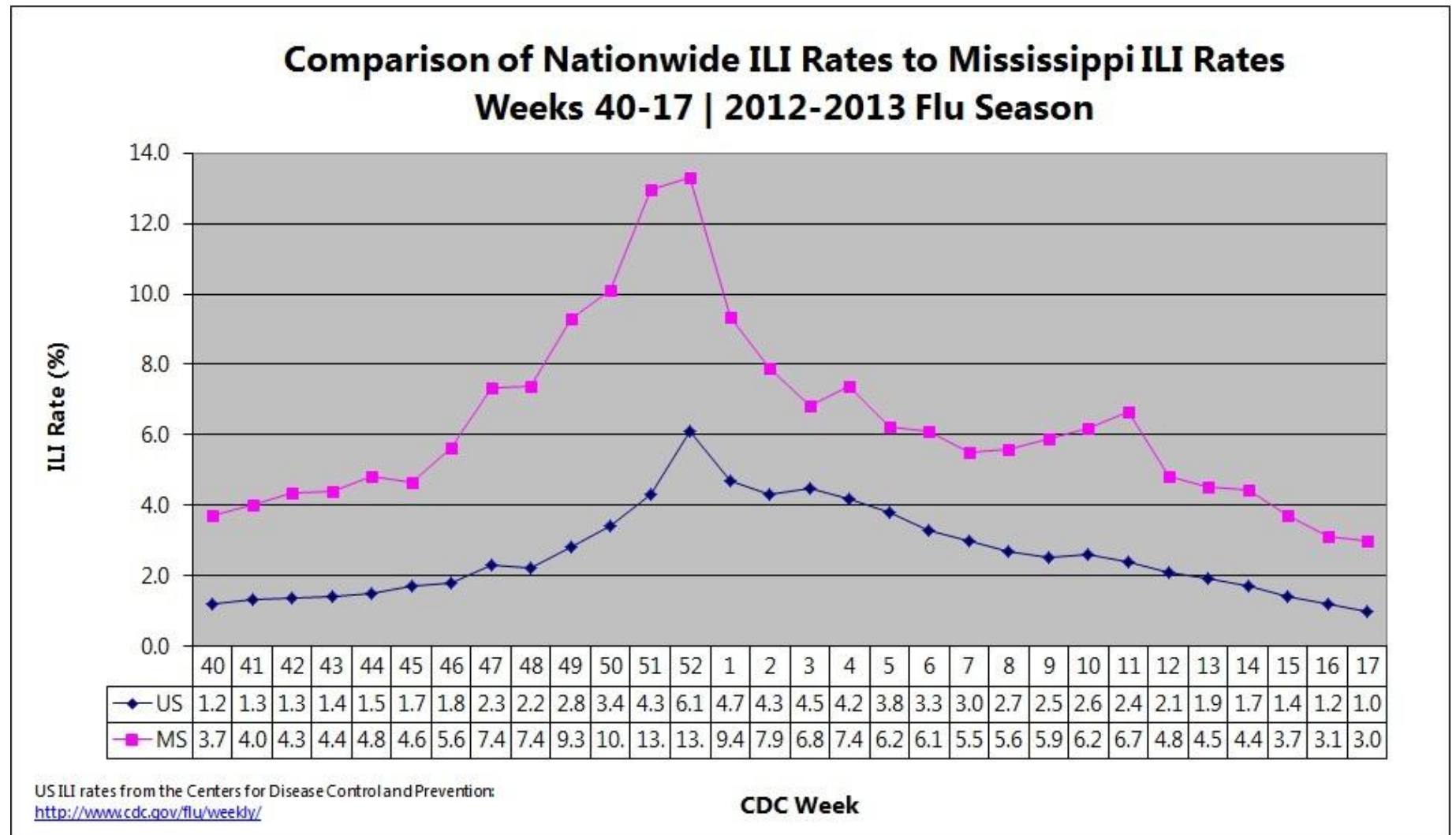


Figure 9

